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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14258** **(8)**

1. Corporation Name
WILDLIFE ACTION, INC.

Principal Place of Business	Mailing Address
405 N. MAIN ST. MULLINS SC 29574 US	P.O. BOX 866 MULLINS SC 29574-0543 US

3. Date Incorporated or Qualified: 04/30/1987

4. FEI Number: 57-0044167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HALL, MAGGI
4 TREMERTON STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Franks, Barbara
82 Street Address (P.O. Box Number is Not Acceptable): 308 Aulin Ave
83
84 City: Oviedo FL 85 Zip Code: 32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Barbara Franks — 2-10-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEESON, M. GAULT, JR.		1.2 NAME		
STREET ADDRESS	1101 SANDY BLUFF RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, JOHNNY R		2.2 NAME		
STREET ADDRESS	402 SOUTH MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	Sykes, Linda	☑ Change ☐ Addition
NAME	WATSON, MICHELLE		3.2 NAME		
STREET ADDRESS	404 WEST MAIN STREET		3.3 STREET ADDRESS	1429 olde Forge Lane	
CITY-ST-ZIP	LATTA SC		3.4 CITY-ST-ZIP	Woodstock GA 30189	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, RUSTY		4.2 NAME		
STREET ADDRESS	1309 HORSE SHOE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC 29574		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DONNELL, JIM		5.2 NAME		
STREET ADDRESS	108 CARDINAL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GUYTON GA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOTTERN, BOB		6.2 NAME		
STREET ADDRESS	HORSESHOE CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Gault Beeson — 1-22-98 — 803-464-8473
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #